

APPLICATION FOR ABSENTEE BALLOT IN-PERSON ONLY

for Election on _____/____/20___

(ABS-IN PERSON)

State Form 42106 (R21 / 8-13); Indiana Election Commission (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-26; 3-11-10-26.3)	

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	ITY ELECTION BOARD US	-		
Precinct	ADDITIONAL DOCUMENTATION		provide residence identification document on office but has not yet done so? Yes	
INSTRUCTIONS FOR VOTER: The voter (or the vote			-	
If you are applying as the voter's attorney in fact, a copy of the power of physically unable to sign the application, call the County Election Board for so by mail, are required to provide additional residence do	r assistance. Some vot cuments. The coun	ers who have regis y election board	stered for the first time in Indiar can tell you if this applies to	na, and did you. <u>This</u>
application is used for in-person voting at a circuit court cler you are asking that an absentee ballot be sent to you by mail,	use form ABS-MAIL	. If you are a confi	ned voter who is asking that ar	n absentee
ballot be delivered to you, use form ABS-TRAVELING BOARD. If you are a member of the Attorney General's address confidentiality program, use form ABS-ATTORNEY GENERAL. If you are an overseas voter or uniformed services (military) voter, use form ABS-15.				
1. INFORMATION (
Name (please print)	Date of Birth (mm/dd/yy,			
		OR I do not have a Social Security Number.		curity Number.
Change of Name (If you changed your name since you registered to vote,	please print your FORM	ER NAME to authorize		
FORMER NAME:				
Registration Address (number and street)	City/Tow	n, State, ZIP Code	Telephone Number	er
2. COMPLETE THIS SECTION	ON OF APPLICATION	N TO VOTE IN P	RIMARY	
Under state law, you must request a major political party ballot to vote in the primary election. However, you may vote on a public question without voting a political party ballot, if a referendum (public question) is held at the same time as the primary. I apply for the ballot of the political party, a majority of whose candidates I voted for at the last general election, or whom I intend to vote for in the next general election: (check one box)				
☐ Democratic Party ☐ Republican Party				
OR I do not wish to vote in either political party's primary, but wish to vote on a Public Question Only				
I swear or affirm	under the penalties	of perjury that		
all of the information set forth on this ap	oplication is true, to	the best of my k	nowledge and belief.	
		Date signed (month, day, year)		
X			/2	20
3. INFORMATION OF INDIVIDUA	AL ASSISTING ABS	ENTEE BALLOT	APPLICANT:	
Name (please print) Date Assistance to Applicant Provided / / 20				
Residence Address (number and street)	City/Town, State, 2		Telephone Number (Day)	
Mailing Address (number and street) (If different from residence address,	City/Town, State, 2	IP Code	Telephone Number (Evening	g)
I swear or affirm under the penalties of perjury that I have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot; or (2) did not properly complete and sign the application.				
ignature of Person Assisting Voter with Application Date signed (month, day, year)		r)		
			/ / 20	

Penalty for perjury: A person who makes a false, material statement under oath or affirmation, knowing the statement to be false or not believing it to be true commits perjury, which is punishable by imprisonment for up to 3 years, a fine of up to \$10,000 or both. As of July 1, 2014, perjury is punishable by imprisonment for up to 2 ½ years, a fine of up to \$10,000, or both.